PMR EVALUATION MATRIX

PMR Team Member: _____

Date: _____

Contracting Activity Being Reviewed: _____

Document Number:

Description:

Contractor:

Value ($):

Period of Performance/Delivery Schedule:

Options:

Repeat Finding (mark one): _____ Yes   _____ No   __ __ N/A

Observations

Recommendations

***** *SAMPLE ONLY* *****
Exhibit D—PMR Evaluation Matrix

PMR EVALUATION MATRIX

Document Number:

Description:

Contractor:

Value ($):

Period of Performance/Delivery Schedule:

Options:

Repeat Finding (mark one): _____ Yes   _____ No   __ __ N/A

Observations

Recommendations

***** *SAMPLE ONLY* *****
Exhibit D—PMR Evaluation Matrix

PMR EVALUATION MATRIX

Document Number:

Description:

Contractor:

Value ($):

Period of Performance/Delivery Schedule:

Options:

Repeat Finding (mark one): ____ Yes   ____ No   __ __ N/A

Observations

Recommendations

[Note to PMR team member: Copy format from above as needed.]

***** SAMPLE ONLY *****
Exhibit D—PMR Evaluation Matrix